

NEBRASKA STATE ELECTRICAL BOARD
1220 LINCOLN MALL, STE 125
PO BOX 95066 LINCOLN, NE 68509-5066
TEL: (402) 471-3550 FAX: (402) 471-4297

CONTINUING EDUCATION INSTRUCTOR AND COURSE APPLICATION
LB193, LB215-1993 LEGISLATION

DATE: _____ SED PROVIDER NUMBER: _____

Sponsoring Organization of School

NAME: _____

COMPLETE ADDRESS: _____

CONTACT PERSON: _____ TELEPHONE: _____

E-MAIL ADDRESS: _____

Course Instructor

NAME: _____

COMPLETE ADDRESS: _____

TELEPHONE: _____ COURSE TITLE: _____

E-MAIL ADDRESS: _____

COURSE HOURS: _____ CODE HOURS: _____ OTHER HOURS: _____

DATE OF COURSE (MANDATORY): _____ COURSE COST: _____

COURSE EXACT LOCATION: _____

DURATION AND TIME OF COURSE: _____

QUALIFICATIONS FOR INSTRUCTORS

1. Describe professional or trade experience evidenced by an appropriate license or degree. (Additional information may be attached)
2. Describe any other training/expertise gained in the electrical trade industry. (Additional information may be attached)
3. Names of additional instructors other than persons listed above. (Additional information may be attached)

COURSE OUTLINES

1. A comprehensive, detailed outline of the subject matter together with the sequence of each segment, faculty for each segment, and teaching technique used in each segment. (Additional information may be attached)

2. Give a complete description or copies of all material and/or visual aids to be distributed to participants. (Materials may be attached)

3. Schedule of classes—list dates, locations, time, and duration of course. (Separate sheet may be attached)

4. List the procedure for measuring attendance.

5. Evidence of completion IE: copy of certificate/receipt

SIGNATURE OF APPLICANT

DATE

(FOR SED USE ONLY)

SED COURSE NUMBER: _____

APPROVED: _____ **DENIED:** _____

ACTION REQUIRED FOR APPROVAL OF DENIED APPLICATION: _____

Michael Bouwens
Chief Electrical Inspector

Date